

UDOT Maintenance Station Stormwater Compliance Inspection Log (Weekly Visual)
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Maintenance Station Name and Number:

Station Address:

[illegible]

(1) Complete UDOT Maintenance Station Weekly Inspection Spill/Leak/Deficiency Detail on Page F-8 for every "Yes" answer.

<p align="center">UDOT Maintenance Station</p> <p align="center">Weekly Inspection Spill/Leak/Deficiency Detail</p> <p align="center">(This form must be completed and submitted whenever a spill is detected, whether during a weekly inspection or otherwise. Do not wait until the weekly inspection to complete and submit this form if a spill is detected prior to the weekly inspection.)</p>	
Maintenance Station Name and Number:	
Address:	
Name of Inspector (s):	Date:

Visual Inspection of Significant Spills or Leaks			
Substance Spilled/Leaked	Approximate Quantity	Contained On Site?	Corrective Actions

Visual Inspection of Other Deficiencies	
Description of Observation	Corrective Actions